

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10-768292</i>	FILING DATE		
						APPLICANT(S)			
<i>6/20/05</i>						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				51			
2		/				52			
3						53			
4						54			
5		/				55			
6		/				56			
7		/				57			
8		/				58			
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13		/				63			
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42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.			5						
TOTAL DEP.			11						
TOTAL CLAIMS			16						